

## APPENDIX 5 – FAX REQUEST FOR SPECIMEN SHIPPING SUPPLIES

**FAX REQUEST FOR SPECIMEN SHIPPING SUPPLIES  
FROM**

**CENTRAL LABORATORY  
325 LOYOLA AVENUE, ROOM 709  
NEW ORLEANS, LA 70112**

**FAX: 504-568-5393  
TELEPHONE: BONNIE FIORITO 504-568-5443  
WAYNE DUPREE 504-568-3453**

**FROM: (NAME) \_\_\_\_\_ PHONE: \_\_\_\_\_**

**TO: BONNIE FIORITO or WAYNE DUPREE**

**SHIP THE FOLLOWING SUPPLIES (Fill in the amounts):**

**INFECTIOUS SPECIMENS:**

**INFECTIOUS SPECIMEN MAILERS \_\_\_\_\_ CASES  
INFECTIOUS SPECIMEN ORANGE MAILING BAGS (25 or 50) addressed to:  
CENTRAL LAB - NEW ORLEANS \_\_\_\_\_**

**DIAGNOSTIC SPECIMENS:**

**TB (DIAGNOSTIC) MAILING CANS (50 per case) \_\_\_\_\_ CASES  
DIAGNOSTIC SPECIMEN MAILERS \_\_\_\_\_ CASES  
DIAGNOSTIC SPECIMEN ORANGE MAILING BAGS (25 or 50) addressed to:  
CENTRAL LAB - NEW ORLEANS \_\_\_\_\_**

**BACTERIAL TRANSPORT MEDIA:**

**CARY-BLAIR \_\_\_\_\_**

**B. PERTUSSIS COLLECTION**

**REGAN-LOWE \_\_\_\_\_  
CALCIUM ALGINATE SWABS \_\_\_\_\_**

**BACTERIOLOGY LAB FORMS: \_\_\_\_\_ PACKS (50/PACK)**

**SHIP SUPPLIES TO THE FOLLOWING ADDRESS: (Supplies will be shipped by  
UPS which cannot deliver to Post Office boxes, only to street addresses. The following  
information is required by UPS for delivery of your supplies.)**

**FACILITY \_\_\_\_\_**

**STREET \_\_\_\_\_**

**ROOM/BUILDING NUMBER \_\_\_\_\_**

**CITY, STATE, ZIP \_\_\_\_\_**

**CONTACT PERSON \_\_\_\_\_**

**PHONE# CONTACT PERSON (with area code) \_\_\_\_\_**